

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">10/088175</div>	FILING DATE					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3		2					53						
4		2					54						
5		2					55						
6		0					56						
7		0					57						
8		0	E				58						
9		0	E				59						
10		0					60						
11		0	E				61						
12		0					62						
13							63						
14		0					64						
15		0					65						
16							66						
17		0	E				67						
18							68						
19							69						
20		0	E				70						
21		0					71						
22							72						
23		0					73						
24							74						
25		0					75						
26		0					76						
27	1		1				77						
28							78						
29							79						
30							80						
31		4	E				81						
32		4	E				82						
33		0	E				83						
34		0	E				84						
35			E				85						
36		0	E				86						
37	1		1				87						
38							88						
39							89						
40		0					90						
41		0					91						
42							92						
43							93						
44		0					94						
45		0					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓			TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	32	↓			TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			35				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

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